

State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
LEAD HAZARD CONTROL PROGRAM EXPENDITURE REPORT- SUMMARY
CSD 950 (Rev. 1/07)

Due to CSD by the 15th Calendar
Day of each Month

Contractor:		Contract #:	Report Period	
Prepared By (Print Name/Title):			Telephone Number:	Adjustment: <input type="checkbox"/> Yes
E-mail:			Fax Number:	
A. ADMINISTRATIVE COSTS		Report Period Expenditures	Contractor's Certification The authorized signature below certifies that this report is a true and accurate presentation of actual expenditures made during the reporting period and that these expenditures were made in accordance with the purpose and conditions of the contract referenced above.	
1. Administrative Costs		\$		
B. PROGRAM SUPPORT COSTS				
2. Worker Medical Exam/Blood Testing				
3. Vehicle and Equipment				
4. Training				
5. Outreach				
6. Intake				
7. Client Education				
8. Unit Assessment				
9. Client Blood Testing				
10. SHPO				
11. Other (Specify):				
12. Total Program Costs		\$	Authorized Person (Print Name/Title)	
C. DIRECT HAZARD CONTROL COSTS				
13. Inspections				
14. HDP Project Design				
15. Relocation				
16. Interim Controls/Abatement				
17. Clearances				
18. EBL Reserve				
19. Total Direct Project Costs		\$		
D. ADDITIONAL SERVICES		\$		
E. TOTAL PERIOD EXPENDITURES		\$		
F. MATCHING CONTRIBUTION			CSD SPECIAL PROGRAMS USE ONLY Payment: PCA #: Approved By: _____ Date: _____	
1. Administrative Costs				
2. Program Support Costs				
3. Direct Hazard Control Costs				
4. Total Matching Contributions		\$	Amendment Number: Reviewed By: _____ Date: _____	
G. UNIT ACTIVITIES				
1. Total Inspections & Risk Assessments				
2. Total Units Cleared				
NOTES:				